

Employee's Full Name: _____

- IR Individual Respite (1 staff & 1 consumer)
- GR Group Respite (1 staff & 2 or more consumers)
- S SCL or Supported Community Living (1 staff & 1 consumer)
- T Training (Orientation, Mandatory Reporter, etc)

Month: _____ Year: _____

Each Consumer and Each Service Type should be on a separate line.

**** Hours may be verified with parents after notes are submitted**

**** Each item on timecard should be accompanied by a Respite, SCL, or Training Note!!**

Day of Week (optional)																		
Consumer's Name/Training Name	Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total Hours	

Employee Signature _____

Date Signed: _____

Overtime must be pre-approved!! Overtime is defined as working more than 40 hours from Sunday 12am - Saturday 11:59pm.

The Respite Connection, Inc.
 2469 106th Street
 Urbandale, IA 50322
 (515) 277-1050 or toll-free 1 (866) 377-1050

More timecards are available on our website at: www.TheRespiteConnection.com

Do not exceed the maximum number of hours approved for each consumer.

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Day of Week (optional)																			
Consumer's Name/Training Name	Code	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Hours	

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Day of Week (optional)		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Consumer's Name/Meeting Purpose*	Code	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Total Hours
Jane Doe	IR		2			2.5		3.75					1.5				9.75
Jane Doe	S	1					2				3				1.5		7.5
Susy Sample	GR			3						1			3				7
Sally Sample	GR			3						1			3				7
Orientation Training	T					3											3

Employee Signature _____

Date Signed: _____

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